

BOARD OF REGISTERED NURSING

P.O. BOX 944210, SACRAMENTO, CA 94244-2100 TDD (916) 322-1700 TELEPHONE (916) 322-3350



CALIFORNIA BOARD OF REGISTERED NURSING GENERAL INSTRUCTIONS AND APPLICATION REQUIREMENTS REGARDING NURSE ANESTHETIST (NA) CERTIFICATION

GENERAL INSTRUCTIONS

I. General Application Requirements

Nurse Anesthetist certification eligibility requires the possession of a current, clear and active California RN license. The following must be submitted to the Board of Registered Nursing for Nurse Anesthetist certification purposes:

- 1. A completed Nurse Anesthetist Certification Application form (Pages 6 & 7).
- 2. Nurse Anesthetist certification fee of \$75.00.
- 3. One recent 2" x 2" passport type photograph.
- 4. Required documentation to determine certification eligibility. Please refer to the application requirements for Nurse Anesthetist certification (Page 5).

If you do not possess a current, clear and active California RN license and have never applied for a California RN license, an Application for California RN Licensure by Endorsement must also be submitted. If you have had a permanent California RN license, you must renew/reactivate the California RN license.

Nurse Anesthetist application fee is an earned fee; therefore, when an applicant is found ineligible the application fee is not refunded. Processing times for certification may vary, depending on the receipt of documentation from academic programs and associations/national organizations. Processing a Nurse Anesthetist certification application indicating a conviction(s), disciplinary action(s) and/or voluntary surrender(s) may take longer. A pending application file is not a public record; therefore, an applicant must sign a release of information before the Board of Registered Nursing will release information to the public, including employers, relatives or other third parties. Once you are certified, your address of record must be disclosed to the public upon request. All requests for information are mandatory.

II. Name and/or Address Changes

California Code of Regulations, Section 1409.1 requires that you notify the Board of Registered Nursing of all name and address changes within thirty (30) days of any change. You may call the Board of Registered Nursing regarding the change of address of record. If you have changed your name, please submit a letter of explanation regarding the requested name change plus applicable documentation such as a copy of a marriage certificate, divorce decree or a driver's license.

GENERAL INSTRUCTIONS (CONT'D)

III. Social Security Number

Disclosure of your social security number is mandatory. Section 30 of the Business and Professions Code and Public Law 94-455 (42 USCA 405(c)(2)(C)) authorize collection of your social security number. Your social security number will be used exclusively for tax enforcement purposes, for purposes of compliance with any judgment or order for family support in accordance with Section 11350.6 of the Welfare and Institutions Code, or for verification of licensure, certification or examination status by a licensing or examination entity which utilizes a national examination and where licensure is reciprocal with the requesting state. If you fail to disclose your social security number, your application for initial or renewal of licensure/certification will not be processed. You will be reported to the Franchise Tax Board, who may assess a \$100 penalty against you.

IV. Reporting ALL Conviction(s), Discipline(s) and/or Voluntary Surrender(s) Against Licenses/Certificates

Applicants are required under law to report <u>ALL</u> misdemeanor and felony convictions. "Driving under the influence" convictions <u>must</u> be reported. Conviction(s) <u>must</u> be reported even if they have been expunged under Penal Code Section 1203.4 or even if a court ordered diversion program has been completed under the Penal Code or under Article 5 of the Vehicle Code. Also, all disciplinary action(s) and/or voluntary surrender(s) against an applicant's nurse anesthetist, registered nurse, practical nurse, vocational nurse or other professional license/certificate must be reported.

Failure to report prior conviction(s), disciplinary action(s) and/or voluntary surrender(s) is considered falsification of application and is grounds for denial of licensure/certification or revocation of license/certificate.

When reporting prior conviction(s), disciplinary action(s) and/or voluntary surrender(s), **applicants** are required to provide a full written explanation of: circumstances surrounding the arrest(s), conviction(s), disciplinary action(s) and/or voluntary surrender(s); the date of incident(s), conviction(s), disciplinary action(s) and/or voluntary surrender(s); specific violation(s) (cite section of law, if convicted), court location or jurisdiction, sanctions or penalties imposed and completion dates. Certified copies of court documents or state board determinations/decisions should also be included.

NOTE: A certified copy of the arrest report may also be requested. <u>Applicants must also submit a description of the rehabilitative changes in their lifestyle which would enable them to avoid future occurrences</u>.

To make a determination in these cases, the Board of Registered Nursing considers the nature and severity of the offense, additional subsequent acts, recency of acts or crimes, compliance with court sanctions and evidence of rehabilitation.

The burden of proof lies with the applicant to demonstrate acceptable documented evidence of rehabilitation. Examples of rehabilitation evidence include, but are not limited to:

GENERAL INSTRUCTIONS (CONT'D)

- Recent dated letter from applicant describing rehabilitative efforts or changes in life to prevent future problems.
- Letters of reference on official letterhead from employers, nursing instructors, health professionals, professional counselors, parole or probation officers, or other individuals in positions of authority who are knowledgeable about your rehabilitation efforts.
- Letters from recognized recovery programs and/or counselors attesting to current sobriety and length of time of sobriety, if there is a history of alcohol or drug abuse.
- Proof of community work, schooling, self-improvement efforts.
- Court-issued certificate of rehabilitation or evidence of expungement, proof of compliance with criminal probation or parole, and orders of the court.

All of the above items should be mailed <u>directly</u> to the Board of Registered Nursing by the individual(s) or agency who is providing information about the applicant. Have these items sent to the Board of Registered Nursing, Licensing Unit – Advanced Practice Certification (NA), P.O. Box 944210, Sacramento, CA 94244-2100.

It is the responsibility of the applicant to provide sufficient rehabilitation evidence on a timely basis so that a certification determination can be made.

An applicant is also required to immediately report, in writing, to the Board of Registered Nursing any conviction(s), disciplinary action(s) and/or voluntary surrender(s) which occur between the date the application was filed and the date that a California Nurse Anesthetist certificate is issued. Failure to report this information is grounds for denial of licensure/certification or revocation of license/certificate.

NOTE: The application must be completed and signed by the applicant under penalty of perjury.

V. Temporary Nurse Anesthetist Certificate

The Temporary Nurse Anesthetist Certificate (TC/NA) is only applicable for the Nurse Anesthetist certification applicant who does not possess a **permanent California RN license at the time of application.**

The Nurse Anesthetist certification applicant may apply for the TC/NA (Page 10) to bridge the processing time of two (2) to four (4) months for the fingerprint clearances so that he/she may work in California as soon as eligible.

GENERAL INSTRUCTIONS (CONT'D)

Eligibility for the TC/NA is based on the possession of a temporary California RN license (TL), a complete California RN Licensure by Endorsement application pending the fingerprint clearances that will be processed by the California Department of Justice (DOJ) and the Federal Bureau of Investigation (FBI) and a complete Nurse Anesthetist certification application.

VI. Address Information

The Board of Registered Nursing's mailing address is:

Advanced Practice Unit – NA Certification Board of Registered Nursing P. O. Box 944210 Sacramento, CA 94244-2100

The Board of Registered Nursing's street address for overnight mail is:

Advanced Practice Unit – NA Certification Board of Registered Nursing 400 R Street, Suite 4030 Sacramento, CA 95814-6200

VII. California Nursing Practice Act

California statutes and regulations pertaining to Registered Nurses/Nurse Anesthetists may be obtained by contacting:

Procurement Publications Section California Department of General Services P. O. Box 1015 North Highlands, CA 95660

Document Number: 7540-957-1108-5 Fee: \$9.95

Telephone Number: (916) 574-2200 No Telephone Orders Accepted

APPLICATION REQUIREMENTS FOR NURSE ANESTHETIST (NA) CERTIFICATION

Nurse Anesthetist certification eligibility is based on the completion of a nurse anesthesia academic program approved by the Council on Accreditation of Nurse Anesthesia Education Programs and current certification/recertification by the National Council on Certification/Recertification of Nurse Anesthetists.

Documentation submitted <u>directly</u> to the Board of Registered Nursing:

- **1.** Verification of Nurse Anesthetist Certification by a National Organization/Association form submitted by the national association. (Page 9)
- **2.** Verification of the Completion of a Nurse Anesthesia Academic Program <u>form</u> submitted by the nurse anesthesia program. (Page 8)
- **3.** Official transcripts for the completed nurse anesthesia academic program submitted by the nurse anesthesia academic program.

The national organization/association listed below has met the certification requirements that are equivalent to the Board's standards for nurse anesthetist certification:

COUNCIL ON CERTIFICATION/RECERTIFICATION OF NURSE ANESTHETISTS

222 South Prospect, Park Ridge, IL 60068 (847) 692-7050